



**California
State Fair**
BIG FUN!

Application For Seasonal Employment

(Equal Opportunity Employer)

2008

Today's Date: _____

Position Applying For: _____

Submit a separate application for each position you are applying for.

PERSONAL INFORMATION

Name (First)	(MI)	(Last)
Street/P.O. Box		Phone (Day)
City	State	Zip
Social Security No.		Phone (Evening)
Are you 18 years old or over? <input type="radio"/> Yes <input type="radio"/> No		
Work permit is required if under 18 and still in High School.		
Have you worked for the California Exposition & State Fair (Cal Expo) in the past? <input type="radio"/> Yes <input type="radio"/> No		
If yes, when?		Position held:

EDUCATION:

<input type="radio"/> High School <input type="radio"/> GED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+ <input type="radio"/> College Degree/Major:
Have you ever been convicted of any crime? <input type="radio"/> Yes <input type="radio"/> No
Date: _____ Place: _____ Offense: _____ Disposition: _____
If you need additional space please submit an attachment to the application.
Are you able to perform the job-related functions of the position for which you are applying? <input type="radio"/> Yes <input type="radio"/> No
If no, we will ask you to describe or demonstrate how with, or without reasonable accommodation you will be able to perform the job-related functions.

Availability Schedule - Please ☒ check all days/times you are available to work:

Shift	Monday	Tuesday	Wednesday	Thurs.	Friday	Saturday	Sunday
7:00 AM - 3:30 PM							
3:30 PM - 11:30 PM							
11:30 PM - 7:00 AM							

CALIFORNIA EXPOSITION & STATE FAIR

1600 EXPOSITION BLVD

SACRAMENTO CA 95815

(916) 263-3114

As an applicant for employment with the California Exposition & State Fair (Cal Expo), I understand the following:

1. Any material or deliberate omission of any fact in my application may be justification for refusal of, or if employed, termination from employment. It is my understanding that Cal Expo may make an investigation of my work history and may verify any information given in application for employment, related papers, or oral interviews. I herewith release from liability any person giving or receiving any such information. I agree that my employment may be terminated by Cal Expo at any time without liability for wages or salary except such as may have been earned at the date of such termination.
2. I understand that the business needs of Cal Expo may, at times, require me to work excess hours, shift work and/or a rotating schedule other than Monday through Friday. I further understand that I may work in a classification where my rate of pay may be straight time regardless of excess hours worked. Social Security will not be withheld from my wages, unless I am a member of the California Public Employee's Retirement System (CalPERS). Medicare will be deducted. All employees not eligible for membership in CalPERS will automatically be enrolled in the State's PST Plan (Part-time, Seasonal, Temporary Retirement Plan).
3. I further understand that the signing of this application does not constitute an offer of employment by Cal Expo. In the event of employment, I understand that I am required to abide by all rules and regulations of the employer.
4. I understand that I will be required to furnish documents that establish my identity and eligibility to work in the United States (e.g., driver's license and original social security card), in compliance with the Immigration and Reform Act of 1986.
5. I understand that I may be required to submit to a drug test to test for Cocaine Metabolite(s); Amphetamines; Opiates; Phencyclidine; THC Metabolites and Alcohol; a Megan's Law CD-ROM search for Sexual Offenses, and a Department of Justice fingerprint search for criminal history record as part of the pre-employment screening process. An offer of employment may only be extended if the results of the above tests are negative. Further, I understand that failure to disclose criminal history information will result in refusal to employ, or if employed, termination of employment.
6. I certify that I have read, understand, and will adhere to the aforementioned statements.

An equal opportunity employer to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, or sexual orientation. It is an objective of the State of California to achieve a drug-free State workplace. Any applicant for State employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the State, the rules governing civil service, and the special trust placed in public servants.

Signature of Applicant: _____

Date: _____

If applicant is under 18 years of age, parent or guardian's signature is required:

Signature of Parent or Guardian: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date: _____

REMARKS:

Neatness

Work Permit

Ability

Hired

Dept.

Position

Form 81#

Will Report

Salary

Approved: 1.

2.

Supervisor

Personnel

EXPERIENCE

EXPERIENCE: BEGIN WITH YOUR MOST RECENT EXPERIENCE; LIST ALL EXPERIENCE IN THE LAST FOUR YEARS, INCLUDING U.S. MILITARY SERVICE. GIVE DETAILS ON THE EXPERIENCE WHICH YOU BELIEVE HELPS YOU MEET THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING. IF YOU HAVE NOT HELD A PAYING JOB PLEASE INCLUDE ANY VOLUNTEER WORK IN YOUR COMMUNITY. YOU MAY ALSO INCLUDE BABYSITTING JOBS, NEWSPAPER ROUTES, ETC.

PERIOD OF EMPLOYMENT	JOB CLASSIFICATION AND MOST IMPORTANT DUTIES PERFORMED.	NAME AND ADDRESS OF EMPLOYER(S)
Dates of Employment ____/____/____ ____/____/____ Total ____ YR ____ MO. FULL -TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK:	SALARY: \$ ____ PER ____ DUTIES:	 REASON FOR LEAVING:
Dates of Employment ____/____/____ ____/____/____ Total ____ YR ____ MO. FULL -TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK:	SALARY: \$ ____ PER ____ DUTIES:	 REASON FOR LEAVING:
Dates of Employment ____/____/____ ____/____/____ Total ____ YR ____ MO. FULL -TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK:	SALARY: \$ ____ PER ____ DUTIES:	 REASON FOR LEAVING:
Dates of Employment ____/____/____ ____/____/____ Total ____ YR ____ MO. FULL -TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> HOURS PER WEEK:	SALARY: \$ ____ PER ____ DUTIES:	 REASON FOR LEAVING: